

ROUND ROCK HEALTH & WELLNESS CENTER MASSAGE INTAKE FORM

Name _____

Phone _____ Alt Phone _____

Email (for Newsletters and appointment reminders)

Address _____

City & Zip _____ DOB _____

What kind of work do you do? _____

Have you experienced a professional massage before?

Yes No

What type pressure do you prefer?

Light Medium Deep Very Deep

How did you hear about us? _____

Check the boxes below that pertain to any current condition or have had history of:

Circulatory

- Heart Condition
- Phlebitis (Varicose Veins)
- Blood Clots

- Diabetes
- Surgeries _____

Current medication _____

For today's visit, are there any areas of your body that you would prefer **not** to be massaged?

- Head Abdomen Low Back Glutes Arms Shoulders Neck Upper Body Legs Feet
- Other _____

Goal of today's visit and/or any specific area(s) you would like for us to focus? _____

Your therapist will leave the massage area to prepare for your massage, and you will be instructed to remove your clothing and get on the massage table **under the sheet or towel**. Your modesty will be protected at all times. As your therapist works, they will uncover only the body parts to be massaged, **never** working any private areas or genitals. If you feel more comfortable leaving your panties or underwear on, we are able to work the posterior hip over the sheets.

The pressure of the massage is specifically tailored to your body. We will ask you for feedback about the pressure several times during the massage. Please be honest!

You should drink LOTS of water during the next 24 hours, because massage moves some of the muscle metabolic by-products into circulation faster than usual, and the water will help to flush your system.

- High or Low Blood Pressure
- Lymphedema
- Thrombosis Embolism
- Breathing difficulty / asthma
- Emphysema
- Allergies to _____
- Sinus Problems
- Other: _____

Musculoskeletal

- Osteoporosis
- Bone or joint disease
- Tendonitis Bursitis
- Arthritis Gout
- Sprains Strains
- Low back, hip, or leg pain
- Neck, shoulder, or arm pain
- Joint Inflammation Pain Stiffness
- Spasms cramps
- Jaw pain (TMJ)
- Lupus
- Fibromyalgia Chronic Fatigue
- Rheumatoid Arthritis Arthritis
- Headaches Dizziness
- Sleep Disturbances Fatigue Insomnia
- Breathing Problems
- Scoliosis or other spine issues
- Numbness or Tingling
- Detached Retina Glaucoma
- Current Pregnancy (____ weeks)
- Digestive Issues
- Cancer _____
- Epilepsy _____
- Diabetes _____
- Injuries _____

(OVER for More)

Cancellations

We ask that if you cannot make an appointment that you have scheduled that you cancel within 24 hours. We understand that things come up, but please call even if it is last minute.

For any missed appointment in there will be at least \$25 and up to the full price of the missed session fee to compensate for the therapists time.

Late Appointments

Please arrive for your first appointment with us 15 minutes prior to scheduled start time. We have paperwork for you to complete, and your therapist will want to have a brief interview with you prior to the start of your service to clarify your needs and desires for your massage session.

For all appointments a minimum of 5 minutes prior to appointment start time. This gives you and the therapist ample time to discuss your current needs and will allow for a relaxed and unrushed session. If you arrive late it is likely that your session will be abbreviated to keep the therapist on schedule. If you are late, and do not call, you will be responsible for the full session rate.

Tipping

We do accept tips; it would be much appreciated. Standard tip amounts for professional massage range from 15-20%.

Payment Methods

We accept payment via check, cash and all major credit cards

Therapist Notes:

Are you interested in hearing more about our Massage a Month Club where you can receive your monthly massage for \$65 each? YES NO

If you have any questions regarding our policies or your treatments scheduled please discuss with your therapist prior to the start of your session.

Please Sign and Date Below:

_____/____/____
Client Signature & Date

_____/____/____
Therapist Signature & Date